body such an organ is to be removed had authorised such removal before his death. In cases where removal was not authorised by the deceased such removal could be authorised with consent or the near relatives of the deceased. In cases of unclaimed dead bodies such removal may be authorised by the Registered Medical Practitioner to whom the body has been sent for post mortem/ inquest. In case of removal from brain stem dead bodies, such death has to be certified by a duly constituted committee under the Act. Except in case of brain stem dead persons, vital organs such as heart, liver, kidney, etc., cease to function and are not transplantable. In case of removal of eyes, however, whose removal, after death only, can be authorised by the deceased before his death, awareness campaigns for encouraging people are duly carried in an ongoing and continuous manner. Government have also established an Organ Retrieval and Banking Organisation at AIIMS, New Delhi.This Organisation through their website www.orbo.org and various functions such as lectures, seminars, symposia etc. educates the people to come forward for donating their organs. In addition, there are many NGOs helping the Government in this cause.

Fake drugs

62. SHRIMATI N.P. DURGA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that onus of fake drugs lies with the genuine manufacturers of medicines to prove that it is not their product; and *i*

(b) if so, the action proposed to amend the law for severe punishment against the spurious drug manufacturers?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) Under the Drugs and Cosmetics Act, 1940 and rules made thereunder, fake drug is an imitation of another drug resembling in respect of packing and labelling to deceive the consumer that it is a genuine product. In order to take legal action against the manufacturers or seller of fake drugs and help court to award punishment to the offender, the manufacturer of genuine product is required to give evidence that the product in question was not manufactured by him.

(b) The said Act already provides stringent penalties for manufacture and sale of spurious drugs which shall not be less than 5 years but which may extend to life imprisonment and fine which shall not be less than Rupees ten thousand.

Study on working of CGHS

63. SHRI C. RAMACHANDRAIAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have sponsored and carried out a study in the working of Central Government Health Scheme, recently;

(b) if so, the broad conclusions of the study; and

(c) the action taken or proposed to be taken to improve the working of the scheme?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) Yes Sir, the Govt, had got an evaluation study of the CGHS done through Indian Institute of Public Administration, New Delhi. The broad conclusions of the study are as under—

(1) CGHS Coverage.

(i) CGHS is a preferred scheme by the beneficiaries because of their faith in it and also alternative facilities are expensive.

(ii) CGHS facilities to Ex-Vice President, Ex-Governors, Members and Ex-Members of Parliament should not be part of should be extended CGHS budget. Serving/Retd. Employees of autonomous bodies should be extended CGHS facilities.

(2) Introduction of Health Card with a photograph for every CGHS beneficiary.

(3) CGHS should make its own purchases without depending upon Medical Stores Organisations Dt. GHS for procuring the right quality of the medicines at the right time and suggested the following:—

(i) Rational and comprehensive formulary.